FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

BEST AVAILABLE COPY

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden

hours per response 16.00

SEC USE ONLY							
Prefix	Serial						
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DATE	RECEIVED						
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Name of Offering (check if this is an amendme	nt and name has changed, and indica		· · · · · · · · · · · · · · · · · · ·					
Thompson National Properties Private Placemen	it of Limited Liability Company Ir	terests	Doise					
Filing Under (Check box(es) that apply):	Rule 504 🔲 Rule 505	Rule 506	Sogies Wall Propertion					
Type of Filing: New Filing Amenda	nent		-iection					
	A. BASIC IDENTIFICATIO	N DATA	23008					
1. Enter the information requested about the issuer			Vbb 555008					
· · · · · · · · · · · · · · · · · · ·	nt and name has changed, and indica	te change.)	intechington, DC					
Thompson National Properties, LLC								
Address of Executive Offices	(Number and Street, City, Stat	e, Zip Code) Tele	phone Number (Including Area Code)					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)								
Brief Description of Business:		······································						
Type of Business Organization								
☐ corporation ☐ limited p	artnership, already formed	other (please sp	ecify): limited liability company					
□ business trust □ limited p	eartnership, to be formed							
Actual or Estimated Date of Incorporation or Organ	ization: Month Year	Actual E	PROCESSED MAY 0 2 2008					
Jurisdiction of Incorporation or Organization: (En	nter two-letter U.S. Postal Service ab	breviation for State:	MAY					
CN for Canada: FN for other foreign jurisdiction)								
GENERAL INSTRUCTIONS			THOMSON REUTERS					

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et. seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BAŞIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ General and/or Managing Partner Check Box(es) that Apply □ Promoter □ Beneficial Owner ☐ Executive Officer □ Director Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ General and/or Managing Partner ☐ Executive Officer □ Director Check Box(es) that Apply ☐ Promoter ■ Beneficial Owner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** ☐ Executive Officer □ Director ☐ General and/or Managing Partner Check Box(es) that Apply □ Promoter ■ Beneficial Owner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) ☐ General and/or Managing Partner ☐ Promoter ☐ Beneficial Owner ■ Executive Officer Director Check Box(es) that Apply Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner ☐ Promoter Check Box(es) that Apply Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) ■ Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or Managing Partner Check Box(es) that Apply □ Promoter Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) ☐ General and/or Managing Partner ☐ Executive Officer □ Director Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

(Number and Street, City, State, Zip Code)

Business or Residence Address

			_	В.	INFORMA	TION ABO	OUT OFFE	RING				
				•							Yes	No E
1.	Has the issuer	sold, or does	the issuer in	tend to sell,	to non-accre	aitea invest	ors in this o	itering r	***************************************			u
				Answer al:	so in Appen	dix, Colum	a 2, if filing	under ULOI	Ξ.			
2.	What is the mi	inimum inves	tment that w	ill be accepte	ed from any	individual?		•••••			s	
,	(Issuer researches) Does the offer	waa tha sisht t	a rell fraction	sal unite)							Yes	No
3.												
4.	Enter the infor or similar rem listed is an ass of the broker of forth the infor	uneration for sociated person or dealer. If n	solicitation on or agent on nore than fiv	of purchase of a broker of e (5) persons	rs in connec r dealer regi:	tion with si stered with	ales of secur the SEC and	ities in the Vorwith a s	offering. If tate or state:	a person to i, list the nar	be ne	
Full	Name (Last na	ame first, if ir	dividual)									
Busi	ness or Reside	nce Address	(Number and	d Street, City	, State, Zip	Code)		,·		.		
Non	e of Associate	d Broker or C	enler									
State	s in Which Pe	rson Listed H	as Solicited	or Intends to	Solicit Purc	hasers						
	(Check "	All States" or	check indiv	idual States)		************		**! *** !** !*****			🗖 A	Il States
[Al	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID] [MO]
[IL [MT		[IA] [NV]	(KS) [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[PA]
<u>[RI</u>	[SC]	[SD]	[TN]	[TX]	្រែញ់	<u>įvti</u>	<u>[vaj</u>	<u>[waj</u>	<u>[wv]</u>	<u>į wij</u>	[WY]	[PR]
Full	Name (Last na	ame first, if ir	idividual)									
			01	4 Charles City	Cint 7:n	Code						
Bus	ness or Reside	nce Address	(Number and	a Street, City	, State, Zip	Code)						
Nan	ne of Associate	d Broker or E)ealer		•		•	· · · · · · · · · · · · · · · · · · ·			····	
State	es in Which Pe	rson Listed H	as Solicited	or Intends to	Solicit Purc	hasers						
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[AL	•	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	{ HI]	[ID]
		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] { ND]	(MI) (OH)	[MN] [OK]	[MS] [OR]	[MO] [PA]
[MT		[SD]	[TN]	[TX]	ניטדן [עדן	įνη	[VA]	[WA]	[wv]	į wij	[WY]	[PR j
Full	Name (Last n	ame first, if in	idividual)		<u></u>							-,-
						 						
Bus	iness or Reside	nce Address	(Number and	d Street, City	y, State, Zip	Code)						
Nan	ne of Associate	d Broker or D	Dealer				, <u>-</u> ,-	•				
Stat	es in Which Pe	rson Listed H	las Solicited	or Intends to	Solicit Purc	hasers			<u></u>			
	(Check "	All States" or										Il States
[Al		[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] {MD}	[DC] [MA]	(FL) (MI)	[GA] [MN]	[HI] [MS]	[ID] [MO]
[]L [M]	ŋ [NE]	[NV]	[NH]	[11]	[NM]	[NY]	[NC]	(ND)	(OH)	[OK]	[OR]	[PA]
[RI	j [SC]	[SD]	[TN]	[TX]	ַ [טדן	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS			
l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\precedef{\precedef}\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggrega Offering P			Amount eady Sold
	Debt	s		s	<u> </u>
	Equity	s	_	s —	
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$		s	
	Partnership Interests	\$ \$ <u>6,000,000,00</u>		\$ \$ <u>4,450,000.00</u>	
	Other (Specify) Class A-1 Units				
	Total	\$ <u>6,000,000</u>	<u>),00</u>	\$ <u>4,4</u>	50,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".				
	Accredited Investors	Number Investor		Dolla	ggregate ar Amoun Purchases 0
	Non-accredited Investors	0		s	0
		0		s	0
	Total (for filings under Rule 504 only)	v		•	•
~	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of Offering	Type of Security		Doli	ar Amoun Sold
	Rule 505			s	
	Regulation A			2	
	Rule 504			s	
	Total		_	s	
4a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			s	
	Printing and Engraving Costs			s	
	Legal Fees			\$	
	Accounting Fees			s	
	Engineering Fees.	************		S	
	Sales commissions (specify finders' fees separately)	***************************************		\$	
	Other Expenses (marketing, due diligence, dealer manager fees)		0	\$	
	Total			3	

	C. OFFERING PRICE,	NUMBER OF IN	VESTORS, EXTE	Maca And Oak Of The	CDDD	
b.	Enter the difference between the aggregate offi expenses furnished in response to Part C - Ques issuer."	ering price given in stion 4.a. This diffe	response to Part (rence is the "adjust	C - Question 1 and total ted gross proceeds to the		\$ <u>6,000,000.00</u>
5.	Indicate below the amount of the adjusted gross the purposes shown. If the amount for any pu the left of the estimate. The total of the payme set forth in response to Part C- Question 4.b ab	irpose is not known ents listed must equ	, furnish an estima	ite and check the box to		
					Payments to Officers,	
					Directors, & Affiliates	Payments To Others
Sal	aries and fees				\$. . .
Pur	chase of real estate		P* ** ** ** ** ** ** **		\$	· 2
Pur	chase, rental or leasing and installation of machir	nery and equipment			\$	· 2
Cor	struction or leasing of plant buildings and facilit	ics	*********		\$. \$
Λc	uisition of other businesses (including the value	of securities involv	ed in this offering t	hat may be used in	\$	c
	hange for the assets or securities of another issue payment of indebtedness					
-	rking capital				\$ 600,000.00	\$5,400,000.00
	5 ,	***************************************			• •	<u> </u>
	er (specify):			П	2	S
	umn Totals					
Çui	Total Payments Listed (column totals adde				3-11	⋈ \$ 6,000,000.00
			RAL SIGNATUR			
sign	e issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer primation furnished by the issuer to any non-accre	to furnish to We U	\$. Securities and	Exchange Commission, up	iled under Rule on written requ	505, the following test of its staff, the
	uer (Print or Type) ompson National Properties, LLC	Skindur		Date 4,	16-08	Ś
Na	me of Signer (Print or Type)	Title of Signer (Prin	nt or Type)			
Ro	bert R. Kaplan, Jr.	Attorney in Fact				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END